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PATENT
STL000005US1
0057.0004

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	Examiner:
S.R. Lewallen)	
Serial No.: 09/662,519)	
Filed: September 14, 2000)	Art Unit: 2151
For: METHOD, SYSTEM, AND PROGRAM FOR)	
REMOTELY MANIPULATING A USER)	
INTERFACE OVER A NETWORK)	

PETITION FOR CORRECTED FILING RECEIPT

Assistant Commissioner of Patents
Washington, D.C. 20231

Dear Sirs:

1. Attached is a copy of the official filing receipt received from the PTO in the above application for which issuance of a corrected filing receipt is respectfully requested.

2. There is an error in that the following data is:

☒ incorrectly entered
and/or

☐ omitted

☒ Applicant's names - "Stephen Richard Lewallen" should read "Stephen Richard Lewallen". The requested correction is shown in **bold print**.

- ☐ Applicant's address
- ☐ Title
- ☐ Filing Date
- ☐ Serial Number
- ☐ Foreign/PCT Application Reference
- ☐ Other

3. (complete the following applicable item A or B)

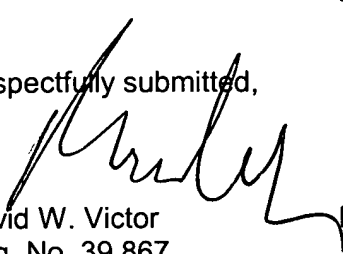
A. ☒ The correction is not due to any error by applicant and no fee is due

OR

B. ☐ The correction is due to applicant's error and the fee therefor under 37 C.F.R. 1.19(h) of \$25.00 is paid as follows:

- ☐ enclosed is check for \$25.00
☐ charge Account 50-0585 \$25.00

Respectfully submitted,

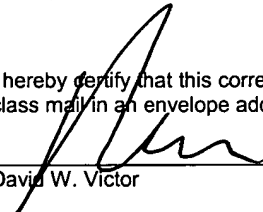

David W. Victor
Reg. No. 39,867

Dated: March 29, 2001

Konrad Raynes & Victor LLP
1180 S. Beverly Drive, Suite 501
Los Angeles, CA 90035

(310) 556-7983
(310) 556-7984 (fax)

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Assistant Commissioner of Patents, Washington, D.C. 20231 on March 29, 2001.


David W. Victor
3/29/01
(Date)

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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/662,519	09/14/2000	2151	1320	STL000005US1	7	42	6

CORRECTED FILING RECEIPT



OC000000005692875

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Date Mailed: 01/22/2001

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

Stephen Richard ~~Lewallen~~, San Jose, CA ;
Lewallen

Continuing Data as Claimed by Applicant

Foreign Applications

If Required, Foreign Filing License Granted 10/25/2000

Title

Method, system, and program for remotely manipulating a user interface over a network

Preliminary Class

709

Data entry by : SMALLWOOD, EAON

Team : OIPE

Date: 01/22/2001





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Bib Data Sheet

SERIAL NUMBER 09/662,519	FILING DATE 09/14/2000 RULE -	CLASS 709	GROUP ART UNIT 2151	ATTORNEY DOCKET NO. STL000005US1	
APPLICANTS Stephen Richard LewalleN, San Jose, CA ; ** CONTINUING DATA ***** No ** FOREIGN APPLICATIONS ***** No IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 10/25/2000					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>PH</u> Examiner's Signature Initials		STATE OR COUNTRY CA	SHEETS DRAWING 7	TOTAL CLAIMS 42	INDEPENDENT CLAIMS 6
ADDRESS David Victor Esq Suite 501 1180 South Beverly Dr Los Angeles ,CA 90035					
TITLE Method, system, and program for remotely manipulating a user interface over a network					
FILING FEE RECEIVED 1320	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		